

City of Alton – Vital Statistics Department 509 S Alton Blvd. Alton, TX 78573 (956) 432-0760

Application for Certified Copy of Birth/Death Certificate

<u>Birth</u> Death		ertified Copy \$23.00 ertified Copy \$21.00	() Wallet Size \$24.00 Extra Copie \$4.00	es of Same Record		
1. Full name	e of person o	on record:				
2. Date of B	irth/Death: _	Month / Day / Ye	Sex	Sex: () Male () Female		
3. Place of E	Birth/Death:					
4. Father's f	Father's full Name:First Name		Middle Name	Last Name		
5. Mother's	. Mother's full Name:First Name		Middle Name	Maiden Last Name		
Street Address:				City / State / Zip Code		
7. Relations	ship to the p	person in ítem #1.	Check One	Proof is Required		
() Parent () Spous () Sibling () Son/Da () Grand () Legal (() Funera	e (Governme g (Governme aughter (Go parents ((Go Guardian (C al home or A	ent picture ID) ent picture ID and man nt picture ID and birth vernment picture ID an overnment picture ID a ertified court order and attorney (That act on I	certificate) nd birth certificate) und birth certificate of son/o d Government picture ID) behalf and for the benefit o	•		
	for obtaining	•	cord? () Yes () No			
		nalty for knowingly making		can be 2-10 years in prison and a fine of up		
		to \$10,000 (Healt	h and Safety Code, Chapter 195	5, Sec. 195.003)		
10) Signatu	10) Signature of applicant:		Telephone:			
			For office use only			
Date:			Amount P	Amount Paid: \$		
Name:			D.O.B.:	D.O.B.:		
Type of ID:			Number:			
() Call () Mail () Pick-Up Clerk:			Cert. #:	Document Control #:		